THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.] WEDNESDAY, AUGUST 1, 1838. [NO. 26.

ON THE VARIETIES OF DEVIATION IN THE WISDOM TEETH.

BY JAMES TRUDEAU, M.D., PARIS.

DENTITION of the deciduous teeth is often accompanied by serious disorders, and receives a considerable share of attention from every careful physician. Not so, however, with dentition of the permanent teeth, which commonly takes place without much suffering. I propose, in this paper, to notice briefly the accidents which, sometimes, occur during the growth of the wisdom tooth, and more particularly that of the lower jaw: first, when the space, between the second molar and the base of the coronoid process, is not sufficient to allow of its free growth—secondly, when there is sufficient space, but the tooth takes a wrong direction, first obliquely from behind forwards, and is arrested by the next grinder; secondly, from without inwards along the tongue, causing excoriation of that organ, and impeding its motions; thirdly, from within outwards, so as to penetrate the cheek; fourthly, when the wisdom tooth is detained in the base of the coronoid process; and, fifthly, when it remains covered, at its posterior part, by a hardened gum.

It would be easy for me to multiply these deviations from normal growth, and add many other instances of mal-position of the inferior wisdom tooth, but they may all be easily reduced to the five species just enumerated.

1. *The Wisdom Tooth growing from behind forwards, and its growth stopped by the next grinder.*

Madam R——, a young lady, twenty years old, felt, three or four months after marriage, a sharp and deep-seated pain in the angle of the inferior maxilla of the left side, the pain soon extending throughout the whole bone. All her teeth were painful, not, however, of the nature of an ordinary toothache. She passed a few months in this state, and as the pain was daily increasing, her physician, suspecting the affection to be rheumatic or neuralgic, resorted to various remedial agents to get rid of it. He began with an antiphlogistic course, by regimen, leeches, poultices, baths, emollient drinks, &c., but without avail. He then used, with no better success, dry and opiate frictions, blisters and the different antispasmodics. Acupuncturation, a seton at the back of the neck, and the sulphate of quinine internally, were also unsuccessfully tried.

By the advice of the most distinguished physicians of Paris, the lady tried the baths of Bourges, but returned, suffering from excruciating agony. At this time, she consulted Dr. ——, without, however, much hope of

relief. When the doctor saw her, her countenance was extremely pallid, she was much emaciated, her strength was impaired and her appetite gone. For a year, she had been almost literally without sleep, the calm of night bringing with it only the feeling of despair.

Her teeth were sound and white, the gums of a pale-rosy color, and there was not the least appearance of the growth of a wisdom tooth. Examination was, however, directed to this quarter. A deep incision was made in the gum, with a curved bistoury, behind the second large grinder. A small probe being introduced, a hard body was felt. Under the belief, now, that there was a tooth growing obliquely forwards, the growth of which was prevented by the adjoining tooth, the second large grinder was immediately extracted. A few days after this operation, the pain entirely disappeared, and the lady now enjoys excellent health.

M. Esquirol, to whom I communicated this fact, told me that he had cured a young lady, who was insane, of her mania, by the extraction of the second molar tooth, which was, in the same manner, preventing the growth of a wisdom tooth.

To understand affections of this nature, it must be borne in mind, that, when a tooth makes its appearance through the gum, the roots have not attained their entire length. They grow from within outwards, and, if the crown of a growing tooth is stopped by any impediment, during its evolution, the root, increasing in length, by the process of ossification, occupies a place not intended for it by nature, and powerfully compresses the nerves of the part. It is easy, then, to understand the disturbance, caused by a wisdom tooth's being imbedded in the coronoid process, or being arrested by the thickness of the gum, or growing against the next molar, as in this case.

II. *The Wisdom Tooth growing from without inwards, on the side of the tongue, and causing an ulceration of a syphilitic appearance.*

Mr. M——, formerly an officer in the army, living in the country since 1815, came to Paris, with the intention of undergoing an anti-syphilitic treatment, laboring under the idea that he was affected with the venereal disease. He had had, for some months, an ulceration at the base of his tongue, on the left side. The movements of this organ were deranged. Mastication was particularly painful. The mercurial treatment, to which he submitted, by the advice of an eminent practitioner of Paris, only aggravated his symptoms. After twenty days' continuance of this treatment, the tongue became enormously swelled, so as entirely to fill the mouth; the gums were in a fungous state, and the breath offensive. This treatment having been suspended, M. M—— applied to Dr. ——. After a very careful examination, he soon discovered, in the maxillary bone, at a distance of about half an inch from the posterior dental canal, a hard body, covered by a floating or moveable portion of the gum. An incision having been made in the gum, a portion of the crown of a wisdom tooth was distinctly visible. The tooth had grown in a wrong direction, and, being in contact with the base of the tongue, had occasioned an ulcer. The tooth was immediately extracted, and a few days after, the ulcer healed up.

III. *The Wisdom Tooth growing from within outwards, and penetrating into the substance of the cheek.*

Miss B., twenty-nine years of age, consulted Dr. —— for an immense swelling, on her right cheek, opposite the wisdom tooth, which was exceedingly painful, particularly on opening the mouth. The doctor suspected at once that this irritation depended on the growth of the last grinder, the crown of which, being directed from within outwards, was penetrating into the substance of the cheek. Upon examination with the finger, this tooth was felt growing in a horizontal direction, and quite imbedded in the muscles. Had it been possible at once to extract the tooth, the patient would have been speedily relieved. But the swelling of the gums and of the internal part of the cheek, which was ulcerated, interfered with the operation. The tooth was, besides, very much decayed, and would have been broken by any instrument. The indication, then, was to lessen the irritation, which was caused by the crown of the tooth acting as a foreign body. A piece of cork, prepared so as entirely to cover this, and deeply grooved, was placed between the cheek and the teeth. This little apparatus was fastened to the first molar, and remained in its place for three days. Poultices were applied to the cheek, and slightly acidulated gargles used. At the end of the time mentioned, the irritation had subsided, so as to allow the tooth to be extracted, after which, the unpleasant symptoms at once disappeared. These deviations of the wisdom tooth outwards are of common occurrence in practice, but the inclination is generally very slight, and the removal of the tooth not often demanded.

IV. *The Wisdom Tooth arrested in its growth by the base of the coronoid process.*

In this case the right cheek was swelled to an enormous size, the swelling extending from the eyes to the clavicle. The face and neck were covered with numerous abscesses. For twenty months the man had not been able to open his mouth, and had been fed on liquids, passed through an opening caused by the absence of a tooth. He had, besides, a fistula, at about three inches from the lower angle of the inferior maxilla. A little lower on the neck there was another. A probe being introduced into the first fistula, penetrated obliquely, from before backwards, and was stopped by a hard body, supposed to be the root of the third large grinder. From the beginning of the affection, the man's health had been greatly impaired; he was much emaciated, his skin was of a leaden hue, and he suffered much from colics. For a short time past, his digestion had been disordered, and attended with acidity; this, probably, depended on the mixture of his food with the pus, with which his mouth was constantly filled. Various means were resorted to, to open the patient's mouth and extract the tooth. Leeches, poultices, mercurial frictions, blisters and compression were used with no better success. Dr. —— now thought of trying a mechanical agent, which succeeded perfectly. It was a conoidal piece of wood, introduced between the dental arch, and pushed in slowly by the patient himself. The following day the mouth presented an opening of about four lines. A week after-

wards, the man's mouth was opened wide enough to allow of the tooth being easily extracted.

A few days after, a necrosed piece of bone was extracted. It proved to be a portion of the base of the coronoid process, on which was moulded, or cast, a portion of the crown of the tooth. This evidently showed that the tooth had been stopped in its growth by this bone. Since that time the inflammation rapidly disappeared, and in a month the patient was perfectly cured.

V. *The Wisdom Tooth growing under a portion of the gum which cannot be cut by the tooth.*

Orage, a waiter, for a year past had been subject to frequent inflammation of the cheek and fauces—indeed, ever since the first appearance of the wisdom tooth of the left side. During one of these attacks he was advised to consult Dr. ——. His cheek was swelled, and the tonsil of the left side was inflamed, as well as the fauces. Behind his second large grinder, the crown of a wisdom tooth could be perceived, and covered in its two-thirds by the gum, which was ulcerated. A simple incision through the gum was all that was necessary in this case.

Cases of this description frequently occur in practice, and do not always terminate happily. When indurations of the tonsils occur, this gland must be removed.—*Medical Examiner.*

MERCURY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

[Continued from page 383.]

To Baume, Bergmann, and to Scheele, we are indebted for the complete exposition of all the most important chemical and pharmaceutical knowledge that we possess regarding calomel. When mercury is triturated with the bichloride of mercury, the liquid mercury quickly disappears; the salt, that is the result of the operation, assumes a blackish-gray color; if sublimation take place more than once, a chloride of mercury, with the metal at a minimum of oxidation, is obtained. Sometimes the number of these sublimations was very great; our pharmacopœias ordered two, but other processes have been substituted, for this trituration and sublimation were tedious operations, and were attended with very many inconveniences, more particularly from an acrid dust to which the workmen were exposed, notwithstanding every precaution was used by placing different kinds of veils over the face; and our present pharmacopœia directs the following process:—Take of mercury four pounds, sulphuric acid three pounds, chloride of sodium a pound and a half, distilled water as much as may be sufficient; boil two pounds of the mercury with the sulphuric acid in a proper vessel until the bipersulphate of mercury remains dry; rub this when it is cold with two pounds of mercury in an earthen mortar, that they may be perfectly mixed, then add the chloride of sodium, and rub them together until globules are no longer visible, and sublime; rub the sublimate to very fine powder, and wash it carefully with boiling distilled water, and dry it;

this forms a whitish powder, which, on the addition of potash, becomes black, and then, when heated, runs into globules of mercury; it is also vaporised by heat; the distilled water with which it has been washed, or in which it has been boiled, gives no precipitate with nitrate of silver, lime water, or hydrosulphuric acid.

The characteristic properties of the chloride of mercury are essentially different from those by which the bichloride is recognized. It is almost tasteless. It has a faint, yellowish-white color, but by long exposure to the action of light, it assumes a blackish cast. It is luminous and phosphorescent when rubbed in the dark. It has scarcely any smell. It is generally seen in the shops in the form of a heavy powder, but crystals are sometimes obtained in tetrahedral prisms; occasionally there are two quadrangular pyramids formed, base to base, so as to make a very long and pointed octahedron. In mass it forms compact, translucent, shining cakes. It is insoluble in water. It is much more difficult of volatilisation and sublimation than the bichloride. The consumption of calomel in this country is very great, and large quantities are likewise exported to the East Indies; it is manufactured upon a large scale at Apothecaries' Hall; and the sublimation, owing to the management of Mr. Hennel, is performed with great nicety and care. The vessels are large, and made of good conducting materials, so that the calomel falls down in an impalpable powder, like a shower of snow, and then only requires washing and levigating to obtain it in a state of minute division.

Calomel possesses medicinal powers of the most important kind; it is a moderate laxative when given alone, and when employed in combination with other drugs it becomes an active purgative. It has been classed, by the authors on materia medica, as a sialagogue, as an expectorant, as a cathartic, as an emmenagogue, as an alterative, and as a tonic; and no remedy with which I am acquainted has been more largely employed in the greater number of diseases. Indeed, I need only refer you to the "Thesaurus Medicaminum," or the "Practical Synopsis" of John Pearson, that you may judge of the estimation in which it has been held, from the long catalogue you will there find of disordered states in which it has been prescribed by medical men. Its doses have varied in the most extraordinary manner; and on looking over medical writings you will be surprised at the great discrepancy of opinion upon the quantity to be employed; yet from the most experienced practitioners, I think you will draw the inference, that in the greater number of cases, where your object is to produce a gentle, but at the same time serviceable, action on the bowels, three grains will suffice. A less dose causes irritation in the alimentary canal, and without some other medicine be employed, a quantity of biliary secretion is produced, which remains in the system, rather harassing than in any way benefiting the individual's case. In a dose of five grains the chloride of mercury may generally be looked upon as exciting a degree of irritation in this country; yet some of our most distinguished medical men have in India, not only harmlessly, but with considerable advantage, administered scruple doses, three or four times in the course of the day. I would have you read with attention the works of Dr. James Johnson, on "Tropical

Climates," and Annesley on the "Diseases of India," for further illustration of this subject. Unacquainted as we are with some of the frightful maladies of the East, which so rapidly run their career, we cannot properly estimate the value of the practice, but from the concurrent testimony of practitioners, who almost unanimously agree upon the excellence of the principle of giving very large doses, until an immense quantity must have been collected in the intestinal canal. This plan of treatment has been attempted to be introduced into this country, but it has not met with much encouragement. In the United States, however, the practitioners have even surpassed our brethren in India; they have given one, two, or three drachms, for bilious fever, three or four times daily, for some successive days. In one of the American Journals is a case in which eight hundred and forty grains were administered in the course of eight days; the largest dose was three drachms, and even then no evacuation was produced until an injection had been given.

The great success that attends these doses in tropical dysentery is evident from the works and from the cases of various authors related in the different periodicals. Thus Mr. Power's cases in the third volume of the "Medico-Chirurgical Review," are very instructive. Scruple doses were given three times a day, in nine instances; no other mode of treatment was pursued except in one instance, where venesection was had recourse to; a quarter of a grain of opium was generally added. The calomel in a short time brought on ptyalism without hypercatharsis, or any distressing symptom supervening; on the contrary, it seemed to have rather a cooling and sedative influence.

It seems that some of the older European physicians ordered calomel in very large doses. Amongst these, Horstius recommends a scruple or half a drachm "to attenuate the viscid humors." Sylvius ordered it in the same dose as a purgative. Drs. Friend, Juncker, and Geoffroy, are also in favor of such quantities. Dr. Wright, in the year 1794, said that he had been in the habit of giving scruple doses since 1760; but it is to Dr. James Johnson that the promulgation of this mode of treatment of dysentery and hepatitis is to be ascribed. Dr. Cartwright, in the United States, treated syphilis with doses of equal magnitude. Mr. Cunningham, a surgeon in the Navy, likewise published cases thus treated. It has been said that these large doses purge less than smaller doses; that all the organs are preternaturally excited, and therefore the profuse secretion from the liver does not take place, whilst smaller doses produce great excitement of that organ; that still smaller doses, if they do not produce secretion, act on the system as a morbid irritant, and occasion mercurial fever, which Nature removes by an increased secretion of the salivary glands. That fatal occurrences have been the result of such doses of calomel there can be but little doubt; and Hoffman has given in "De Medicamentis Insecuris et Infidis," two cases in which fifteen grains of the chloride of mercury were sufficient to destroy youths between the ages of twelve and fifteen. In one instance the stomach attempted, by vomiting, to rid itself of the poison, the hands and feet began to tremble, great uneasiness and anxiety supervened, and on the sixth day death took place. The other died after suffering from

great anxiety and from vomiting of a black matter. The case mentioned in the "German Ephemerides," which terminated in twenty-four hours, after profuse diarrhœa, was the result of half an ounce swallowed accidentally. Dr. Christison has, however, asked whether the violent effects described by Hoffman and Ledelius may not have arisen from the calomel having been imperfectly prepared and adulterated with a little corrosive sublimate.

There are some inaccurate stories of calomel proving destructive. Thus, Dr. Sintalaer, in a very curious work published in 1709, entitled "The Scourge of Venus and Mercury" (and which was the book that first excited Dr. Thomson, of Edinburgh, to investigate the history of the venereal disease), after declaiming against mercury and its preparations, says—"Dr. Harvey tells us a story of an apothecary who gave three children a dose each of mercurius dulcis against the worms, and they all died on the same day;" but there are no accounts of any such cases to be found, well authenticated, in later days. On the Continent great attention, both in France and Germany, has been paid to the purity of calomel, and to the difficulty that ought to be made in giving corrosive sublimate to any individual who wishes to purchase it. A medical police watches over these points, and such an establishment is become indispensable in this country, where so many fatal accidents have, from neglect, occurred.

As I shall hereafter have frequent opportunities of discussing the powers of the chloride of mercury, as a laxative and a purgative, I shall not, now, make many observations on it in this point of view; but there are some circumstances connected with the functions of the stomach, the assistant digestive organs, and the intestinal canal, to which I must, for a moment, invite your attention. I must observe, that I wish you to recognise the distinction that has been universally acknowledged between laxative and purgative medicines, the first, which merely empty the bowels of such fæcal contents as may already be lodged there, whilst the second class have the power of inducing a still further increase of the quantity, and of stimulating the vessels to pour forth more excrementitious matter. Now the chloride of mercury will, according to the dose in which it may be given, produce either of these effects, but it is the biliary secretion that is most augmented, and this is particularly marked by an alteration in the color and the odor of the fæces. All the preparations of mercury, more or less, have this influence, and patients who have, for a length of time, excreted only blackish and unhealthy looking dejections, discharge them of a yellow hue and of a different odor after a few grains of calomel or of blue pill. The odor is oftentimes rendered more disagreeable, and a change takes place in the gases that are developed. The color depends upon the kind and quality of the bile secreted by the liver; and where any obstruction takes place, the stools are pale or whitish. The bile itself is of a deep yellow brown color, and, as Abernethy has observed, it is like wetted rhubarb; if either of these substances be put into a large quantity of water, they will dye it of a bright yellow color, which is actually the color of these substances, yet it is so concentrated in the mass as to appear of a deep

brown. Green bile is ordinarily the result of disordered function, although it has been occasionally found in the gall-bladder, where the liver is in a perfectly healthy state. Vegetables frequently give their color to the fæces. The peculiar fœtor of the residue of the alimentary matter is acquired in the large intestines; and if the small intestines at their termination, and the large intestines at their beginning, be examined, there will be found almost a line of demarcation; to what this is owing we are at a loss to say. It is not alone a chemical decomposition that occurs, but the animal economy imparts a peculiar change. The examination of the fæces has been but little prosecuted; although a subject of some interest, it is one that requires great enthusiasm in the cause of science, and very little delicacy of the sense of smell, nay, the very perusal of some authors' inquiries is nauseating.

Lavoisier wrote a memoir on the nature of the aeriform elastic fluids, which are disengaged from certain animal substances during fermentation; his experiments prove that human excrement emits, at the temperature of 60 degrees, a gas, a mixture of eleven parts of carbonic acid gas, and one part of an inflammable gas, which burnt with a blue flame, and was, therefore, probably carbonic oxide gas; the experiments of Thenard and Dupuytren prove, however, that sulphuretted hydrogen is likewise exhaled from human fæces, collected in large quantities. The changes that take place out of the body by the action of the human air, appear to be very rapid. Fresh fæces do not effervesce with dilute sulphuric acid, but old moist fæces do, and emit the volume of carbonic acid gas which they at first do. The chloride of mercury appears to exercise over the action of the large intestines some power, as the gaseous exhalations materially differ when it has been employed, and this is particularly striking in children, the odor of the dejection being very materially influenced in them, and much more offensive fœtor being the result, and this, in general, is a proof of the due action of the medicine, for the system, previously disordered, appears thus to rid itself of a deleterious agent.

Whether the extrication of the different gases be natural to the human body, or whether it be the result of our artificial habits of life, I will not presume to say. It is stated that our living on animal food is the cause of the greater number of the diseases to which man is subject, and that it also imparts to that which is excreted from man, the offensive odor; and certainly many animals that are herbivorous are inoffensive on that point, whilst carnivorous animals are the reverse; and some philosophers have entered upon some curious speculations arising out of these circumstances. Rousseau, indeed, draws a conclusion, that man is not calculated for the social state, because his excretions, his effluvia, and his emanations, are destructive to his fellow creatures. Whatever may be the means by which the inflammable air be extricated from the intestines, certain it is that great indications of the nature of the matter taken in by the mouth, and its effects upon the health, may be drawn from a knowledge of the odor evolved, and from correcting it by the administration of medicine. Disease commencing in the rectum and large intestines may often be recognized by the quantity of flatus evolved,

and unnatural diet will keep up an irritation which may prove very injurious.

Where the chloride of mercury is too irritating alone, it may very properly be combined with other remedies, and there is a pill which has long been known to the profession under the name of Plummer's pill, which has been found a most useful medicine. The pilula hydrargyri chloridi compositi is now made of chloride of mercury and oxysulphuret of antimony, each two drachms, of guiacum resin powdered half an ounce, of treacle two drachms; the chloride of mercury is rubbed with the oxysulphuret of antimony, afterwards with the guiacum resin and the treacle, until incorporated. There is an alteration of strength from the formula of other pharmacopœias, and the treacle which is now substituted for the mucilage renders the mass more difficult of rolling, and if it be done by the dirty and unseemly mode of forming the pill between the fingers, it leaves them in a very sticky, clammy state. The Edinburgh College was the first to introduce this pill into its pharmacopœia, the London followed the example, and it is a great favorite with many practitioners, and, in the dose of from five to ten grains, is most advantageously employed; it is generally called an alterative, but its efficacy in many complaints should place it amongst the more defined classes, and in some states it may be denominated a tonic.

REMARKS ON ENCYSTED TUMORS OF THE EYE-LIDS, WITH A CASE.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

Encysted tumors or wens are very frequently met with in the eyelids, and are supposed to originate both in the meibomian glands and in the lax cellular texture which connects together the component parts of the palpebræ. Some persons appear to be particularly subject to these small tumors, and their occurrence may be connected, as in the case of the hordeolum, with some derangement of the primæ viæ. Sometimes several make their appearance in succession—one after another—either in the upper or lower lid; and at other times a number may occur simultaneously in the same lid and in groups, as it were. In some cases they are said to be congenital. In the commencement they are commonly not larger than a small pea, and, usually, it is only after a considerable time that they attain a much greater magnitude. Sometimes they reach the size of a common filbert. At times they increase more rapidly than ordinarily happens, and the integuments of the lids covering them become inflamed and of a bright red color; but not infrequently they remain stationary for months, presenting the feeling and appearance of small, hard tubercles, under the skin, which retains its natural hue. With respect to the seat of these tumors, relative to the different textures of the eyelids, it has been observed that they are generally much nearer the surface of the conjunctiva than of the skin, and that by everting the lid they are readily visible, by the yellowish color of their contents seen through the former membrane. According to Scarpa,

they often adhere so closely to the conjunctiva, that in attempting to extirpate them by dividing the skin, there is danger of piercing through the eyelid. For the above reasons, this celebrated surgeon recommended and adopted the method of removing these tumors from the internal surface of the eyelid, by making a superficial incision longitudinally through the conjunctiva and pressing out and excising them. When, as it sometimes happens, during the operation, the contents of the tumor escape either in a fluid or caseous state, it has not been found necessary to separate the whole of the cyst from the neighboring parts, for a portion being removed, the remainder will be loosened and thrown off by suppuration, or, it may be, is absorbed. A slight inflammation and swelling of the lid generally follow the operation performed in this way, but, for the most part, nothing more is required than warm fomentations, and in the course of four or five days a permanent cure is effected.

Mackenzie's treatment of these tumors consists merely in everting the affected lid, puncturing the cyst freely with a lancet and pressing out the contents. The mode pursued by Lawrence, is very similar. Those cases in which the tumor is so situated as to extend under the arch of the orbit, must present an exception to the above mode; to which may be added, those that are, beyond doubt, external to the tarsal cartilage of the upper eyelid. When they adhere to the cartilage, it is better to leave a portion of the tumor than to remove or materially injure any of the tarsus. When they are complicated with derangement of the digestive organs, from errors in diet or indulgence in the use of spirituous liquors, a mild alterative course of blue pill, with preparations of steel and bark, have been found beneficial.

Although encysted tumors of the lids do not, in general, excite pain, they often occasion much inconvenience and deformity: besides which, as observed by Mr. Middlemore and other writers, in some individuals they induce, by their irritation, a tendency to serious and painful attacks of *inflammation of the eyeball*. The subjoined case, a sketch of which I beg leave to communicate through the columns of the Journal, seems to be one of this character.

John Maguire, hand-cartman, æt. 30, of a light complexion and light blue eyes, has been subject of late to attacks of acute conjunctivitis. In August last, he states that he had a stye form on the lower eyelid of the left side. Some time previous he had a similar affection, and this was cured by the application of a *charm*, which consisted in pointing a thorn at the offending part a given number of times, and repeating each time a certain portion of the catholic creed. This, doubtless, would be quite as effectual as many of the prescriptions for this common complaint that, even at this day, stand high in popular favor and credence. The patient suffered but little inconvenience from the reappearance of the hordeolum. But early in April, of the present year, by the advice of Dr. Odin, he applied at the Boston Eye Infirmary, on account of an encysted tumor in the lower lid of the left side, and also another in the upper lid of the same eye. That in the lower lid had suppurated, as was indicated by the yellowish color and

prominence when the lid was everted. There were, also, redness and swelling externally. There existed, besides, a considerable degree of acute inflammation of the conjunctiva of the eyeball and lids, with pain and a sensation of roughness. He complained, likewise, of a feeling of stiffness and of weight about the eyelids. The conjunctivitis was of recent occurrence, and appeared to have arisen from the irritation occasioned by the enlargement and inflamed state of the tumors. The inflammation of the eye having been subdued, the lower eyelid was everted so as to cause the tumor to project as much as possible, and, with a hook and small scalpel, all the prominent part was removed and the lid returned to its place.

On the second or third day there was more tumefaction and redness of the lid; at the same time the surface of the wound assumed a whitish color, similar to what is seen on the eyeball after operations for pterygium, and there was an increased discharge of a purulent character. No inflammation of the ocular conjunctiva occurred. In a few days, the tumefaction subsided, the wound gradually contracted and healed, and the remaining portion of the cyst was removed by the process of absorption. In the month of May, this patient had a severe attack of inflammation of the left eye, approaching to *ophthalmitis*, or inflammation of both external and internal tunics. This was attributed by the patient to exposure to a cold and damp atmosphere, and it required for its arrest the most active depletion by the lancet.

Not long after the subsidence of this attack, another tumor appeared in the lower lid, near the site of the former. Almost immediately, it became inflamed and swollen, and was attended with pain and itching, and a bright redness of the skin over the tumor. The eye became somewhat irritated and uneasy, and was rendered more so, perhaps, by the exposure consequent upon his occupation, which his circumstances did not permit him to neglect. The right eye, also, became somewhat inflamed and tearful. This condition of things was not materially benefited by purgatives, and topical bloodletting could not be resorted to freely.

June 10th. A large portion of the wen-like tumor was removed, as in the former instance, from the internal surface of the eye-lid. The contents of the cyst appeared to be of a soft fleshy nature, a part of which was removed with curved scissors, the hook not retaining any hold on this substance. Not the slightest trouble followed the operation, and in the course of two or three weeks the remains of the tumor had disappeared and the eyes were restored to a sound state. Finally, the small, hard tumor in the upper lid is now scarcely perceptible. Whether this result has been hastened by the application (continued for some time) of the strong mercurial ointment combined with camphor, I am unable to say; but from my own experience, I cannot attribute much efficacy, in these cases, to local remedies.* Were it necessary, other cases might be cited, as evidence that the method detailed above of re-

* On this point Scarpa says—"The frequent unavailing attempts which I have made to obtain a resolution of these encysted tumors, on their first appearance, by stimulating lotions and local mercurial frictions, have convinced me that the only effectual method of curing the disease, especially when it has existed for some months, is the extirpation of the tumor."

moving these troublesome little tumors, is effectual, expeditious and free from danger.

No. 4 Winter Street, July, 1838.

COW-PARSNIP.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In this section of country the profession have always used the masterwort as cow-parsnip, for the cure of epilepsy, on the authority of Dr. J. Thacher, who has been considered *orthodox* with us.

After reading the communication in your Journal of June 6th, from our venerable friend Dr. O. Partridge, on the cow-parsnip, I was led to make some examination on the banks of the Connecticut river at this place, to see if I could find the plant described by him. I found it without difficulty, and in great plenty, with yellow blossoms, growing on a dry, sandy bottom. I asked the proprietor of the soil if he knew anything about the plant. He said his mother, who was a *medicine woman*, and came from Hadley, Mass., about 60 years ago, said it was called in H. cow-parsnip, and was good for fits, and that she gave it to his brother who was troubled with them. This agrees with Dr. P. as to the name in that vicinity, as I believe that Hadley and Hatfield join.

I send you two bundles of the plant, one taken in June, while in blossom, the other the 14th of this month, in seed. S. A. T., of Cambridgeport, can examine them at your office, and satisfy himself as to the botanical character, &c. of the plant. Yours,

Lyme, N. H., July 16, 1838. C. B. Hamilton.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 1, 1838.

ALBANY MEDICAL COLLEGE.

Without knowing any of the facts in relation to the organization of the newly created medical institution in the City of Albany, we can only guess it to be properly and legally devised, from the circumstance that Drs. March, Armsby and others, whose names are familiar to the profession, belong to the board of faculty. Whether it is a private enterprise, or has been recently incorporated, or is connected with Union College, we have not ascertained. Whether it is one or the other, it is a matter of some consequence to look into its probable future prospects. In the first place, there is a medical school in the City of New York, greatly fallen, it is true, from its first estate; and it is fair to presume that another is already incubating there by the restless spirits in that great focal point. Next, in the new University of the City of New York, a medical department has recently been created and two appointments made, with a view to commencing a regular course of medical lectures in

about one year from November. At Fairfield is another, which is really an old and well-patronized College of Physicians and Surgeons, at which some of the very best practitioners of physic and surgery in the State of New York were educated. Again, at Geneva, is a medical college, having an efficient and talented faculty, and the course of instruction popular and judiciously pursued. All these are in the State of New York. True, it is an empire State ; but the people must do something besides educate physicians. Only thirty-six miles from Albany, on the west, is Berkshire Medical College, which has been sustained with distinguished success for many years. It would seem, therefore, that a school at Albany would either suffer from want of nutrition, or at once swallow up the other schools in the neighborhood—which are the Fairfield, Geneva, Berkshire, Castleton, and, perhaps, Woodstock. The latter, however, may be considered rather beyond the reach of its influence, but the others are not, and they will not, probably, be unaffected by the establishment of the Albany Medical College. At Rochester, also, there is an incipient medical school, possessing a vast deal of latent power, and the wonder is why it has not sooner taken the position that it might have had two years ago, and which it may have at any moment, when its managers choose to show its colors.

By the last papers, the announcement is made of Dr. David M. Reese, of New York, to the chair of Theory and Practice, at Albany. Dr. March has the chair of Surgery, and Dr. Armsby that of Anatomy. The two last named gentlemen are thorough-going, independent pioneers—well acquainted with the particular duties devolving upon them in their respective chairs. Dr. Armsby is indefatigable, and, withal, possesses an admirable tact for teaching. We hope that some competent person will soon furnish an account of the origin and the ultimate designs of the new institution.

Jefferson Medical College.—The last number of the American Medical Library says that, "Under the new charter and organization of that institution, all the officers ceased to exist as such, except the old trustees, who were continued by the new charter. It became, therefore, necessary to appoint professors to the vacant chairs. All the former ones were accordingly re-elected unanimously." A hope is entertained that the circular will be forthcoming. The Jefferson College is spiritedly conducted, and is, therefore, a favorite with us.

Laceration of the Iris.—It must have been a mistake in the editor of the American Medical Intelligencer—altogether a mistake—not to have given credit to this Journal for the excellent article on laceration of the iris, by our correspondent Dr. Davenport, who is one of the best writers on diseases of the eye, in the Northern States. Had we not been at the extra trouble of procuring a colored plate to illustrate the case alluded to, perhaps there would have been less necessity for reminding our cotemporary of its remissness in this instance.

Remarkable Case of Dropsy.—From Dr. Dunglison we learn that M. Borgialli had a patient who, being thin and spare in habit, in her thirty-third year suddenly became corpulent. From grief, watching, &c. she

was reduced in size, but dropsy finally supervened, and in 1829 it became necessary to perform the operation of tapping, and one hundred pounds of water were drawn off. At intervals, up to 1834, she was tapped forty-five times. Ultimately, this woman recovered, but not till after the prodigious quantity of *four thousand five hundred* pounds of water had been drawn from her body with a trochar.

Dr. Burdell on the Teeth.—Not a single copy of this popular essay was on sale last week, in Boston. Mr. Ticknor had calls for it, but the New York publishers had not made any provision for this market. As a general rule, the publishers south of Boston pay no sort of regard to the wants of medical readers at the north; and yet all Maine, New Hampshire and Vermont look to Boston, ordinarily, for the new works on medicine and surgery, without reference to the place of their original publication.

Dissections in Paris.—It has been assumed by a writer on medical statistics, that as many as one thousand to fourteen hundred bodies are annually dissected in some of the great anatomical theatres of Paris. This number probably exceeds, by more than five hundred, all the dissections in the United States in the same period of time. Although there are twenty-three medical schools in operation, and two or three new ones about being organized, the law of the different States, with a few honorable exceptions, throws obstacles in the way of every effort to increase the stock of anatomical knowledge.

Plica Polonica.—There is a very strikingly-marked case of this disease in the London Hospital, in a German Jew, admitted under the care of Mr. Luke, with fractured ribs. The plaited hair extends in two broad bands from the crown of the head to the length of between two and three feet on each side, studded with pediculi. The old man appears to entertain a perfect veneration for these ornamental adjuncts to his cranium, and upon being questioned by Mr. Luke as to his willingness to allow them to be shaved off, refused to permit it even for "five tousand pounds;" but, on a future day, a little persuasion altered his determination, and he was shorn of his exuberant locks. Perhaps the knowledge that a smaller one was rapidly forming had some share in overcoming his scruples. They were immersed in spirit in order to destroy the pediculi, and now adorn the museum of the Hospital, instead of forming a receptacle for the filth and vermin of the old German's head.—*Lancet.*

Animal Magnetism.—Dr. Sigmond, the talented lecturer on Materia Medica and Therapeutics at the Windmill Street School of Medicine, London, has joined the magnetizers. Some interesting observations on the subject, with a curious case, have been published by him, from the concluding part of which, we copy the following.

"It is upon the respiration that my efforts are directed, and the principle is precisely that which is called "stealing the breath away;" besides which, by the undulations of the air caused by the movements of the hands, an unusual cold is produced, which very much assists the effect.

The art seems to me to consist in obliging the individual again to inspire, by the nostrils, the carbon he has already expired, whilst the currents of air caused by the extended fingers produce some effect upon the facial nerves, thus inducing the eyelids to fall down. Association of ideas is very strikingly evinced by those who have been once magnetised, for then the slightest quantity of manipulation is necessary; the patient evidently having acquired a habit of inhalation by the nostrils. It is from the centre of the nose downwards that the effect is most speedily induced, and the drawing of the hand downwards from the brow, so as to effect the eyes, I find to be quite unnecessary towards producing the effect. I do not consider the process I have employed by any means perfect; and I have little doubt, when the attention of the profession is drawn to the subject, that considerable improvement may result; at the same time I am persuaded that the manipulations may be the cause of very great alarm. I have now exercised this art upon nearly a hundred persons, and with very general success in the fairer part of creation; I have quieted delirium and given sleep where it has been for many nights vainly solicited. I am very anxious that the members of the profession should try the same process. I think the subject very well worthy investigation, and that it may throw some light upon the phenomena observable during sleep."

First Medical Degree conferred in America.—In the year 1768, a medical school was commenced at New York, in connection with Columbia College, in which Drs. Closy, Bard, Jones, Middleton, Smith and Tenant constituted the faculty. In 1769, the degree of *bachelor* of medicine was conferred upon Samuel Kissam and Robert Tucker. In 1770, Dr. Tucker received the degree of *doctor in medicine*. This was the first time it had ever been conferred in America. William Bull, son of the Lieut. Governor of South Carolina, was the first white person born in that State, and the first American who took the degree of M.D., which he received at Leyden, in 1734.

Medical Miscellany.—A machine for setting fractured or dislocated bones, called an osteotometer, has been invented by Dr. Heine, of Wurtsburg, and exhibited in St. Petersburg.—The number of deaths in the City of New York for the week ending Saturday the 21st ult., was 153, being 76 less than during the week previous.—In Detroit, which contains 10,000 inhabitants, only one interment (a child two days old) took place during the week ending July 7th.—The Legislature of New Hampshire has appropriated $15,000 for the education of the Deaf and Dumb—$15,000 for the Blind, and have appropriated thirty shares of the capital stock of the New Hampshire Bank, the property of the State, to the erection of an Asylum for the Insane, to be made over to an association formed for the purpose, whenever they shall exhibit to the Governor satisfactory evidence that the sum of $15,000 has been raised for the same object from other sources.—Dr. N. R. Smith's acceptance of the chair of Theory and Practice, in the Transylvania Medical School, has been publicly announced. He will only remain at Lexington during the lecture term.—Assistant Surgeons, Benjamin King, Charles S. Tripler, Philip Maxwell, Henry H. Heiskill, Charles McDougall, Burton Randall and Nathan S. Jarvis, have been appointed Surgeons in the Army of the United States.

DIED,—In South Orange, Mass., Dr. William Brooks.—At New Orleans, in consequence of a fall from a window, Dr. Quin, a native of Ireland.

Whole number of deaths in Boston for the week ending July 28, 40. Males, 19—females, 21.

Consumption, 8—infantile, 3—cholera infantum, 2—cancer of the uterus, 1—cancer of the breast, 1—old age, 1—child-bed, 1—hooping cough, 1—dropsy, 1—apoplexy, 2—water in the chest, 1—hemorrhage of the lungs, 1—dysentery, 1—brain fever, 1—croup, 1—scarlet fever, 1—stillborn, 1.

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Dr. G. HAYWARD.
Chemistry, by	Dr. WEBSTER.
Theory and Practice of Physic, by	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Boston, July 23, 1838. Aug 1—tN Dean of the Faculty of Medicine.

INFIRMARY FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Belknap Street, Boston.

PATIENTS from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1838, in this Institution, will commence on the 23d of August (the last Thursday in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	WILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	ELISHA BARTLETT, M.D.
Obstetrics, by	DAVID PALMER, M.D.
Anatomy and Physiology, by	ROBERT WATTS, Jr., M.D.
Legal Medicine, by	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, $50. Fee for those who have already attended two full courses at an incorporated medical school, $10. Graduation fee, $18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., *Dean of the Faculty.*

Pittsfield, Mass., 20th June, 1838. tAug23

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon. JOSEPH H. FLINT.

Springfield, Vermont, 1838. Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance or satisfactory reference.—Postage the same as for a Newspaper.